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VIA FACSIMILE: 1-571-273-8300PATENT
Atty. Docket No. BRI10 P-300

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 1617
Examiner : Barbara P. Badio
Applicant : Verlan H. VanRheenen
Appln. No. : 10/815,351
Filing Date : April 1, 2004
Confirmation No. : 8270
For : CRYSTALLINE 19-NORSTEROIDS

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being transmitted by facsimile to the United States Patent and Trademark Office on the date shown below:

1. Claims As Amended Cover Sheet (consisting of 2 pages) in duplicate and
2. Response consisting of 5 pages.

YOU SHOULD RECEIVE A TOTAL OF 10 PAGES (INCLUDING THIS PAGE).

May 17, 2007
Date

Deborah A. Clark
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Post Office Box 2567
Grand Rapids, Michigan 49501
(616) 949-9610

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 Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is a Response to the Office Action mailed March 2, 2007 in the above-identified application.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 4	Minus	** 4	= 0	x \$25	\$ 0	X \$ 50	\$
Independent Claims	* 2	Minus	*** 2	= 0	x 100	\$ 0	X \$200	\$
First Presentation of Multiple Dependent Claims \$180						\$ 0	X \$360	\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 0		\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Applicant : Verlan H. VanRheenen
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Each Additional Group of 50 Pages That Exceeds 100 Pages

Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
No. of Groups Remaining After Amendment		Highest No. of Groups Previously Paid For	Present Extra Groups	Rate (each add'l 50 pages over 100)	Add'l Fee	Rate (each add'l 50 pages over 100)	Add'l Fee
1	Mimus	*2	=**0	x \$125	\$ 0	X \$250	\$

One "group" is a set of 50 application (specification, claims, abstract, and drawings) pages.


- * If the entry in Col. 2 is more than the entry of Col. 1, write "0" in Col. 3
 ** If the entry in Col. 3 is not "0," pay the required fee.

1. _____ Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. X No additional fee is required.
3. _____ A fee of \$_____ to cover the cost of the additional claims added by this response is enclosed.
4. _____ A fee of \$_____ to cover the application size fee is enclosed.
5. X Please charge any additional fees or credit overpayment to Deposit Account No. 16 2463. A duplicate copy of this sheet is attached.

Respectfully submitted,

May 17, 2007
 Date

GJE/dac


 Gunther J. Evanina, Registration No. 35 502
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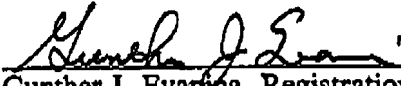
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Dear Sir:

RESPONSE

In response to the Office Action mailed March 2, 2007, Applicant requests reconsideration in view of the following arguments/comments in the above-identified application.

There are no amendments made to the claims in this response, and thus a listing of claims is not presented herein.

Arguments/Comments begin on page 2 of this paper.